

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 593379

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
17		0				
18		0				
19		0				
20		0				
21		0				
22		0				
23		0				
24		0				
25		0				
26		0				
27	1					
28		1				
29		2				
30		0				
31		0				
32		0				
33		0				
34		0				
35		0				
36		0				
37	1					
38		1				
39		2				
40		0				
41		0				
42		0				
43		0				
44		0				
45		0				
46	1					
47		1				
48		2				
49		0				
50		0				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0				
52		0				
53		0				
54		0				
55		0				
56		0				
57		0				
58		0				
59		0				
60		0				
61		0				
62		0				
63		0				
64		0				
65		0				
66		0				
67		0				
68		0				
69		0				
70	1					
71		1				
72		1				
73		1				
74		2				
75		2				
76		2				
77		2				
78		0				
79		0				
80		0				
81		0				
82		0				
83	1					
84	1					
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	7	↓	1	↓		↓
TOTAL DEP.	85	←	14	←		←
TOTAL CLAIMS	92		15			